

AC 456 (1) MONIFIETH

BURGH OF MONIFIETH.

R E P O R T

OF THE

MEDICAL OFFICER OF HEALTH

FOR

The Year 1912.

To the Provost, Magistrates, and Councillors.
The Burgh of Monifieth.

Gentlemen,

I have the honour to submit for your information the Annual Report for the year 1912 on the Vital Statistics, Health, and Sanitary Conditions of the Burgh of Monifieth.

VITAL STATISTICS.

	1912.	1911.	Increase.	Decrease.
Population (mid-year estimation),	3132	3127	5	—
Acreage of Burgh, - -	344	344	—	—
Persons per Acre, - -	9·1046	9·0901	·0145	—

DEATH RATES.

	1912.	1911.	Increase.	Decrease.
Deaths (net or adjusted), - -	41	53	—	12
Males, - - - -	19	19	—	—
Females, - - - -	22	34	—	12
Death Rate per 1000, - -	13·0906	16·9491	—	3·8585
Deaths under 1 year, - -	6	5	1	—
Deaths under 1 year per 1000 births,	100	74·6268	25·3732	—
Deaths at 65 and upwards, - -	16	27	—	11
Deaths due to Infectious Disease, -	1	0	1	—
Deaths due to Tubercular Disease, -	2	3	—	1

The number of deaths registered in the Burgh was 34, but 7 deaths of persons belonging to the Burgh, who had died elsewhere, were transferred to us, making the total 41, as noted above.

The following table shews the estimated population, the number of deaths, and the death rate for each year during the last decennium :—

Year.	Estimated Population.	Number of Deaths.	Death Rate per 1000.
1903	2430	38	15·637
1904	2500	36	14·4
1905	2550	33	12·941
1906	2700	39	14·44
1907	2780	47	16·90
1908	2930	39	13·65
1909	3048	38	12·1062
1910	3320	39	11·7469
1911	3127	53	16·9491
1912	3132	41	13·0906

BIRTH RATE.

	1912.	1911.	Increase.	Decrease.
Births (total), - - -	60	67	—	7
Male, - - -	24	33	—	9
Female, - - -	36	34	2	—
Legitimate, - - -	58	65	—	7
Illegitimate, - - -	2	2	—	—
Birth Rate per 1000 population,	19·1570	21·4262	—	2·2692

This is the lowest Birth Rate recorded for this Burgh, to my knowledge at least. The following table shews the number of registered births and the birth rate for the last decennium :—

Year.	Estimated Population.	Registered Births.	Birth Rate per 1000 population.
1903	2430	58	23·868
1904	2500	54	21·6
1905	2550	59	23·133
1906	2700	65	24·0741
1907	2780	58	20·86
1908	2930	70	23·8907
1909	3048	62	23·4120
1910	3320	66	19·8795
1911	3127	67	21·4262
1912	3132	60	19·1570

INFECTIOUS DISEASE.

	1912.	1911.	Increase.	Decrease.
Cases Notified (total), -	101*	10*	91*	—
Treated in Hospital, -	5	2	3	—
Treated at Home, -	96*	8*	88*	—

* The large difference between the figures represented will be explained (see pps. 9-10) under the heading of "Prevention of Infectious Disease."

These figures require to be analysed before they can be compared. The real comparison for the two years is 10 for 1911 and 30 for 1912. One thing they do indicate is the increased efficiency of the Public Health Department in their duty of gauging the amount of infectious disease in the Burgh.

In accordance with the instructions of the Local Government Board issued to Medical Officers of Health, I have to consider the matters affecting the health of the Burgh in the following order :—

(a) *A general account of influences and conditions injurious or dangerous to the health of the Burgh, and of the measures that in his opinion should be adopted for its improvement.*

No such conditions are known to exist in the Burgh, nuisances of any description being at once remedied when brought to the notice of those responsible. Improvements are always being made, such as, improved or extra water-closet accommodation, improved drainage, ashpits abolished, improved and new bathroom and wash-house accommodation, renewal of defective sewers, etc.

(b) A statement of the general enquiries he has made during the year, and of any special enquiries as to Sanitary matters.

The principal enquiries have been concerned with cases of infectious disease and the sanitary condition of the houses in which these occurred. This will be referred to later.

DAIRIES.—These are under constant supervision, both by the Sanitary Inspector and myself, and are always found clean and cool. During the year a new milk shop has been opened in the Burgh.

(c) A general statement of any matters to which he has given advice or granted certificates, including any action as to offensive trades.

Certificates were issued to school children who had been absent through infectious disease, certifying that their attendance might be resumed without the risk of infecting others.

In the spring of the year, on account of an outbreak of measles, the Infant Department of the Public School was closed for a period, on a certificate from the Public Health Department, with excellent results.

There are no offensive trades in the Burgh.

The Pig-styes are regularly inspected by the Sanitary Inspector, and are kept as inoffensive as possible.

(d) A specific account of the administration of the Factory and Workshops Act, 1901, in Workshops and Workplaces, in terms of Section 132 of that Act.

The Sanitary Inspector visits these places regularly, 87 visits having been made during the past year, special attention being given to the bakehouses.

H.M. Inspector of Factories pays periodical visits to inspect the structural work, to report as to the sufficiency of exits in case of fire, and to report as to any nuisances remediable under the Public Health (Scotland) Act, 1897.

No report as to any such nuisance has been made this year.

The following are upon the Burgh Register :—

Factories, -	-	-	-	10
Workshops—				
Bakehouses, -	-	-	2	
Golf Clubmakers,	-	-	3	
Joiner, -	-	-	1	
Bootmakers, -	-	-	3	
Plumbers, -	-	-	3	
Painters, -	-	-	3	
Cycle Repairer,-	-	-	1	
Watchmaker, -	-	-	1	
Upholsterer, -	-	-	1	
Printer, -	-	-	1	
Dressmaker, -	-	-	1	
Tailor, -	-	-	1	
			—	21
				—
		Total,	-	<u>31</u>

A tabular statement, required by the Home Office, accompanies this Report.

(e) *An account of any proceedings under the Housing of the Working Classes Acts (1890-1909), both as regards Housing and Town Planning.*

The Sanitary Inspector and the Medical Officer of Health, as joint officers under Article I. (3) of the Housing (Inspection of District) Regulations, 1910, have made inspections of some of the houses known to be old and situated in the more populous districts, but, although minor defects exist in most of the houses or in their immediate surroundings, none of them, in our opinion, could be considered dangerous or injurious to health, therefore no representation has been made to the local authority.

The working classes are well housed, and improvements, which take place from time to time, are appreciated by them.

In inspection of a dwelling-house, the points specially noted are :—

ROOMS.—Number of, cubic area, rental, cleanliness, sufficiency of light, dampness, ventilation.

WINDOWS.—Number of, glass area of, made to open or otherwise.

GENERAL.—Exposure to sunlight and air space in front and rear, accesses paved or flagged, rhones, soil pipes, drains and traps, W.C. accommodation, sinks and water supply, refuse disposal, construction of walls, etc.

In dealing with an insanitary dwelling under the Housing and Town Planning Act, a Closing Order is pronounced at once under the certificate of the Medical Officer of Health, and it takes effect unless the owner of the property appeals to the Sheriff within 14 days.

(f) *An account of any action taken under the Rivers Pollution Prevention Acts.*

No action has been required.

(g) *Proceedings under the Burgh Police Act—Slaughter-houses.*

No action has been taken. There is no slaughter-house in the Burgh.

(h) *An account of the hospital accommodation available for persons suffering from infectious disease (including the means provided for the conveyance of such persons), and of the houses of reception, with observations on the furnishing, maintenance, administration, and adequacy of such accommodation. etc.*

Hospital accommodation for infectious diseases (Phthisis excepted) is provided in the Isolation Hospital, Forfar, by agreement with the Forfar County Council.

Two ambulance vans—a 2-horse van and a motor van—and a large horse brougham are used for the purpose of conveyance, and are always accompanied by a trained nurse, who superintends removal. Five cases—four of Scarlet Fever and one of Diphtheria—from the Burgh have been treated in Hospital this year, and no death falls to be recorded. Cases are well housed and treated in this Hospital and no adverse criticism can be offered either by patients or by myself. The Hospital is properly staffed and the wards for the different infectious diseases are in separate stone buildings. The Smallpox ward, which is seldom required, is made of wood and corrugated iron. None of these blocks communicate with one another either directly or indirectly.

Sanatorium treatment for suitable cases may be obtained free of charge for male patients at Balgavies Sanatorium, preference being given to natives of Forfarshire.

No house of reception is provided by the Burgh.

- (i) *An account of the premises with necessary apparatus and attendance available for the destruction or disinfection of infected articles (including the means for the conveyance and return of such articles), also of other processes of disinfection in use, with observations on the adequacy of such arrangements and processes.*

Infected clothing, bedding, etc., is removed with the patient to the Isolation Hospital, put through the steam disinfecter (Washington Lyon), and returned by rail to the home.

Houses and rooms with their contents are disinfected by Formaline vapour spray, and infected articles by means of soaking in Izal solution. Many articles are destroyed by fire. The disinfection of the houses, etc., is done by the Sanitary Inspector.

Such arrangements and processes are both adequate and satisfactory.

(j) An account of the action taken to prevent the outbreak and spread of infectious disease.

On receiving notification of the existence of a case of compulsorily notifiable infectious disease the following is the method of procedure adopted. The house is as soon as possible visited both by the Sanitary Inspector and the Medical Officer of Health and enquiries are made into the circumstances under which the disease has arisen, the sanitary condition of the house and surroundings, drainage, number of inmates, source of milk supply, the necessity for removal to Hospital or the sufficiency of means of isolation at home, the school attended by patient or other members of the household, and any other circumstances which may throw light upon the source of infection. Householders are served with a notice containing instructions as to prevention and disinfection, also Sections 50 and 53 of the Public Health (Scotland) Act, 1897, prohibiting the exposure of infected articles, etc.

Notice or intimation of each case amongst school children, or in their homes, is given at once to the school authority.

In co-operation with the school authorities, notification is made by them of any cases of non-notifiable infectious diseases, such as measles, whooping-cough or chicken-pox, amongst school children, or of cases coming to their knowledge in the houses occupied by school children. During this year the value of this co-operation was the means of checking an epidemic of Measles which was spreading rapidly in the infant department (principally) of the public school. This department was closed for a period, a card of instructions to parents being given to each child, and the epidemic came to an end.

Then with regard to Scarlet Fever, it was found that several of the cases came from one particular class in the public school. All the children in this class were examined by the Medical Officer of Health, and one child was sent home until such time as the medical attendant gave certificate of health. No other case of Scarlet Fever has occurred in the Burgh since, with one exception, and that was in the house occupied by the above-mentioned child.

Diphtheria Antitoxin is provided free to necessitous cases in the Burgh, and is made use of as cases arise.

Cases notified during the year are as follows:—

Quarters.

				First.	Second.	Third.	Fourth.	Total.
Infectious Disease Notification Act—								
Scarlet Fever,	-	-	-	0	0	4	20	24
Erysipelas,	-	-	-	1	3	0	0	4
Diphtheria,	-	-	-	1	1	0	0	2
				2	4	4	20	30
*Phthisis (from 1st Aug.),	-	-	-	0	0	3	1	4
*School Notification—								
Chickenpox,	-	-	-	1	0	0	17	18
Measles,	-	-	-	0	46	0	0	46
Whooping Cough,	-	-	-	0	1	0	2	3
				3	51	7	40	101

* The notifications under these heads, numbering 71, are new this year, such notifications not having been formerly made.

One death—certified as Whooping Cough—occurred, and that was an infant of 17 days.

As before noted, five cases were treated in Hospital, with no deaths

The following table shews in detail the notifications during the last decennium:—

Diseases.	1912.	1911.	1910.	1909.	1908.	1907.	1906.	1905.	1904.	1903.	Totals.
Scarlet Fever, -	24	6	49	15	13	20	23	4	4	3	161
Typhoid Fever, -	0	0	1*	0	1	0	3	0	0	0	5
Diphtheria, -	2	1	0	14	6	0	0	1	0	3	27
Erysipelas, -	4	3	0	5	4	0	4	2	2	4	28
Puerperal Fever, -	0	0	0	0	0	0	1	0	0	0	1
Smallpox, -	0	0	0	0	0	0	0	0	0	5	5
Total, -	30	10	50	34	24	20	31	7	6	15	227

* Death certified as Acute Tuberculosis.

The next table gives the total number of notifications received each year during the last decennium, the number treated at home, the number and percentage

of those removed to hospital, the number of those who recovered, and the number of deaths, with the cause of death :—

Year.	Number of Notifications.	Treated at Home.	Removed to Hospital.		Recovered.	Deaths.	Cause of Death.
			Number.	Per Cent.			
1912	30	25	5	16·6 p.cent.	30	0	
1911	10	8	2	20 „	10	0	
1910	50	16	34	68 „	49	1	{ Acute Tuberculosis.
1909	34	30	4	11·7 „	32	2	{ 1 Erysipelas. 1 Diphtheria.
1908	24	18	6	25 „	21	3	{ 1 Typhoid Fever 2 Diphtheria.
1907	20	13	7	35 „	19	1	Scarlet Fever.
1906	31	17	14	45·1 „	29	2	{ 1 Scarlet Fever. 1 Puerperal „
1905	7	6	1	14·2 „	7	0	
1904	6	6	0	0 „	6	0	
1903	15	8	7	46·6 „	15	0	
1903-1912	227	147	80	35·2 „	218	9	

The following table shews the number of cases of infectious disease, the number of deaths from the different diseases, and the case mortality, during the last decennium :—

Diseases.	Number of Cases.	Number of Deaths.	Case Mortality.
Scarlet Fever,	161	2	1·24
Typhoid Fever,	4	1	25
Diphtheria, -	27	3	11·1
Erysipelas, -	28	1	3·5
Puerperal Fever,	1	1	100
Smallpox, -	5	0	0

Towards the end of the year, arrangements were completed with the Dundee Clinical Research Association, whereby medical practitioners practising in the Burgh may have any necessary specimens examined expeditiously and at the Burgh's expense. The diagnosis of doubtful cases of infectious disease will thus be facilitated or corroborated, and the public health department will be brought up to more modern lines.

With regard to the subject of prevention of Smallpox, I should like to draw attention to the value of vaccination as the only scientific means of prevention. During the year 25 declarations of conscientious objection have been lodged out of 59 births. Such an increase in unvaccinated children is certain to increase the risk of spread of smallpox, should this disease again visit the Burgh.

(k) A statement as to the causes, origin, and distribution of diseases within the Burgh, and the extent to which the same have depended on or have been influenced by conditions capable of removal or mitigation.

Most of the cases of infectious disease in the Burgh this year have occurred in houses where there were facilities and the necessary accommodation for proper and sufficient isolation. The following table shows the number of cases which occurred and the number of rooms in those houses:—

Diseases,				Rooms.						
				1	2	3	4	5	6	7
Scarlet Fever,	-	-	-	1	4	7	1	8	1	2
Diphtheria,	-	-	-	0	0	1	0	0	0	1
Erysipelas,	-	-	-	0	2	1	0	1	0	0
Total,	-	-	-	1	6	9	1	9	1	3

The cases removed to Hospital are arranged thus :—

Diseases.	Rooms.		
	1	2	3
Scarlet Fever, - -	1	2	1
Diphtheria, - -	0	0	1
Total, - -	1	2	2

The origin or source of infection in these cases is often obscure, but several of them give a history of having just returned from a visit to some more populous neighbourhood. A “missed” case, that is, a case which has been of a mild nature, either of Diphtheria or Scarlet Fever, is often the cause of a spread of infection, especially by school contact. This year, we have had one or two examples of such. The remedy is difficult, as, although in most of those mild cases no medical advice is sought or appears necessary, it is not always possible even for the medical attendant to make the diagnosis. By our arrangement with the Clinical Research Association, there should be no hesitation for the medical attendant making the necessary investigation in a doubtful case of Diphtheria, but no method of investigation is yet known as a proof of Scarlet Fever.

(l) A statement of the measures adopted for the administrative control of Pulmonary Tuberculosis, with recommendations as to any further measures that might usefully be put in force by the Local Authority.

In my Annual Report for last year, occurs the following, “as 80 per cent. of the population in Scotland are already covered by some system of notification, we may expect soon to have this compulsory notification extended to all Scotland.” This has proved correct, for regulations have been issued by the Local Government Board, named the Public Health (Pulmonary Tuberculosis) Regulations, 1912, making it compulsory upon all medical practitioners to notify to the medical officer of health all such cases. This duty, placed upon the Local Authority, took effect as from 1st August last. Since that date four cases have been notified. One died shortly afterwards, one has left the Burgh, and two remain. These cases are

visited from time to time, their houses inspected, and the patient and other inmates suitably advised. A "Card of Instructions," drawn up specially for these cases, is left in each house for their instruction. Disinfectants are supplied as in all other infectious diseases. If insured under the National Health Insurance Act, 1911, they are advised to apply for "Sanatorium Benefit." No action has yet been found necessary by the Local Authority for the uninsured. A special report on this subject as regards the requirements of this Burgh, and required by the County Insurance (Health) Committee, was submitted.

As this Burgh comprises less than 20,000 of a population, the arrangements *re* "Sanatorium Benefit" are incorporated with those of the County as a whole. No separate arrangement is allowed nor called for. According to the latest information to hand, it would appear likely that the County may combine with the City of Dundee in the provision of a sanatorium for suitable early cases, but for cases in the later stages, when infection is to be feared, a bed or beds may be provided in the County Isolation Hospital.

(m) *An account of the prevalence of infantile mortality in the Burgh, with suggestions for the reduction thereof. Notification of Births Act, 1907.*

The Notification of Births Act is not adopted by the Burgh. The following table shews the number of registered births, deaths under 1 year, and the Infantile Mortality Rate for the last decennium:—

Year.	Registered Births.	Deaths under 1 year.	Death Rate per 1000 Births.
1903	58	4	68·965
1904	54	6	111·111
1905	59	4	67·796
1906	65	8	123·0769
1907	58	5	86·207
1908	70	4	57·1428
1909	62	7	112·9032
1910	66	4	60·6060
1911	67	5	74·6268
1912	60	6	100·00

I should like to suggest the advisability of this Burgh adopting the Notification of Births Act, not because of the number of deaths, but as an instructive measure to parents. On its adoption, the Public Health Authority could, by means of printed instructions, guide the parents as to the rearing of infants and the prevention of many infantile complaints.

(n) *An account of the arrangements made for the carrying out of the Regulations under the Public Health (Regulations as to Food) Act, 1907, etc.*

Co-operative arrangements still continue satisfactorily with the County Committee.

(o) *An account of the arrangements for the inspection of meat at slaughter-houses, shops, and elsewhere in the Burgh.*

The meat brought into the Burgh is obtained from the slaughter-houses of Carnoustie and Dundee, and is there inspected before sale.

The Sanitary Inspector of this Burgh pays frequent visits to the butchers' shops, and inspects the meat there exposed for sale.

STATISTICS OF SICKNESS AND MORTALITY.

The causes of death have been :—

Under one year—

Whooping Cough, - - -	1		
Abdominal Tuberculosis, - -	1		
Pneumonia, - - -	1		
Premature Birth, - - -	1		
Debility, - - -	2		
	—		
Total, -	6		
Septic Diseases, - - -	1		
Phthisis, - - -	1		
Cancer, Malignant Diseases, - -	5		
Diseases of the Nervous System—			
Cerebral Hæmorrhage, - -	4		
Meningitis, - - -	2		
Other nervous diseases, - -	1		
	—		
Total, -	7		
Diseases of the Circulatory System, -	7		
„ Respiratory System—			
Pneumonia, - - -	1		
Bronchitis, - - -	1		
Other Respiratory diseases, - -	1		
	—		
Total, -	3		
Digestive diseases, - - -	2		
Enteritis, - - -	1		
	—		
Total, -	3		
Violence, - - -	2		
Other Defined diseases, - - -	3		
Diseases ill-defined, - - -	3		
	—		
Total, -	41		

In the different age periods we have :—

Under 1 year, -	-	-	-	6
1 and under 2 years,		-	-	0
2 „ 5 „		-	-	0
5 „ 15 „		-	-	1
15 „ 25 „		-	-	1
25 „ 45 „		-	-	4
45 „ 65 „		-	-	13
65 and upwards,	-	-	-	16
Total, -				<u>41</u>

These figures show a similarity each year, indicating how large a proportion of the deaths occur at the advanced ages.

Tabular Statements of Infantile Mortality, and of notified Infectious Disease within the Burgh, also Report Form, Inspection of Districts, on the forms prescribed by the Local Government Board, accompany this Report, and are herewith submitted for your information.

I have the honour to be,

Gentlemen,

Your obedient Servant,

WM. GORRIE, M.D., B.Ch., D.P.H.,
Medical Officer of Health.

March 4th, 1913.

